

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/03/2014
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00157110.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey, a PSR to the State Residential Licensure Survey, and a PSR to the Investigation of Complaints IN00154146 and IN00155668, all completed on 9/26/14.</p> <p>Complaint IN00157110 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: November 3, 2014</p> <p>Facility Number: 002280 Provider Number: 155723 AIM Number: 201068770</p> <p>Survey Team: Diane Hancock, RN -TC</p> <p>Census bed type: SNF: 27 SNF/NF 31 Residential: 41 Total: 99</p> <p>Census payor type: Medicare: 27 Medicaid: 8 Other: 23 Total: 58</p> <p>River Pointe Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00157110. Quality review completed on November 6, 2014 by Jodi Meyer, RN	F 000			